2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000078533

1. Entity Name
GOMEZ HARVESTING INC.

Principal Place of Business	Mailing Address
213 MORALEZ RD.	P.O. BOX 1685
WAUCHULA, FL 33873	WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

01142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0945299	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, LEONARDO
213 MORALEZ RD.
WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000062163
02/23/04-80110-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSD	
NAME	GOMEZ, LEONARDO	
STREET ADDRESS	213 MORALEZ RD.	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	VTD	
NAME	GOMEZ, JUVENIA	
STREET ADDRESS	213 MORALEZ RD.	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Juvenia B Gomz_   02/20/04   863-773-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #